#### United States Bankruptcy Court District of Puerto Rico

| IN RE:                      | Case No. <u>08-06555 BKT</u> |
|-----------------------------|------------------------------|
| LORENZO PUESAN, CRISTINA E. | Chapter 13                   |
| Debtor(s)                   |                              |

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS           | LIABILITIES   | го | HER      |
|--|----------------------|---------------------|------------------|---------------|----|----------|
| A - Real Property  | Yes                  | 1                   | \$<br>220,000.00 |               |    |          |
| B - Personal Property  | Yes                  | 3                   | \$<br>13,300.00  |               |    |          |
| C - Property Claimed as Exempt   | Yes                  | 1                   | ;                |               |    |          |
| D - Creditors Holding Secured Claims   | Yes                  | 3                   |                  | S 301,798.07  |    |          |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 2                   |                  | \$ 4,484.54   |    |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 7                   |                  | \$ 263,962.12 |    |          |
| G - Executory Contracts and Unexpired Leases                                       | Yes                  | 1                   |                  | •             |    |          |
| H - Codebtors  | Yes                  | 1                   |                  |               |    |          |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |                  |               | s  | 4,770.00 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |                  |               | s  | 4,520.00 |
|  | TOTAL                | 21                  | \$<br>233,300.00 | S 570,244.73  |    |          |

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### United States Bankruptcy Court District of Puerto Rico

| IN RE:   | Case No. <u>08-06555 BKT</u>                 |
|--|--|
| LORENZO PUESAN, CRISTINA E.  Debtor(s)   | Chapter 13                                   |
| STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELA  | ATED DATA (28 U.S.C. § 159)                  |
| If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested by |  |
| Check this box if you are an individual debtor whose debts are NOT primarily consume information here.   | er debts. You are not required to report any |

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount         |
|---|----------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>4,484.54 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00     |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00     |
| TOTAL   | \$<br>4,484.54 |

#### State the following:

| Average Income (from Schedule I, Line 16)   | \$<br>4,770.00 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18)                                       | \$<br>4,520.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C |                |
| Line 20)  | \$<br>4,685.59 |

#### State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |                | \$<br>105,288.46 |
|--|----------------|------------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$<br>1,969.53 |                  |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |                | \$<br>2,515.01   |
| 4. Total from Schedule F   | "              | \$<br>263,962.12 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |                | \$<br>371,765.59 |

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Debtor(s)

(If known)

#### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule, List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY   | NATURE OF DEBTORS<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--|---|---------------------------------------|--|----------------------------|
| DEBTOR'S PRINCIPAL RESIDENCE PARQUE INTERAMERICANA CALLE 1 NO. 12 GUAYAMA, PR 00784 1,300 SQ. METERS 4 ROOMS/2 1/2 BATHROOMS DEBTOR HOLDS 50% PARTICIPATION OVER PROPERTY OTHER 50% BELONGS TO ESTATE OF JOSE DELGADO ORTIZ TOTAL VALUE OF PROPERTY: \$300,000.00                            |   |                                       | 150,000.00   | 225,455.03                 |
| MEDICAL OFFICE 13.38 SQ. METERS ASHFORD MEDICAL PLAZA SUITE 201 AVE. ASHFORD 128, GUAYAMA, PR PROPERTY BELONGS 50% TO DEBTOR AND 50% TO ESTATE OF JOSE DELGADO VALUE OF PROPERTY \$130,000.00 MORTGAGE WITH BPPR\$50,000.00 MAINTENANCE DEBT: \$19,000.00 DEBTOR'S PARTICIPATION \$30,000.00 |   |                                       | 30,000.00  | 59,800.43                  |
| REAL PROPERTY URB. EL DORADO GARDENIAS ST. NO. D-2 GUAYAMA, PR 3 BEDROOMS/ 2 BATHROOMS PROPERTY BELONGS TO DEBTOR AND ESTATE OF JOSE DELGADO VALUE OF PROPERTY: \$80,000.00 DEBTOR'S PARTICIPATION: \$40,000.00  |   |                                       | 40,000.00  | 9,759.61                   |
|  |   |                                       |  |                            |
|  |   |                                       |  |                            |

TOTAL

220,000.00

(Report also on Summary of Schedules)

Debtor(s)

(If known)

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | NONE | DESCRIPTION AND LOCATION OF PROPERTY      | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------|---|---------------------------------------|--|
| 1.  | Cash on hand.   | Х    |   |                                       |  |
|     | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |      | CHECKING ACCOUNT R&G BANK                 |                                       | 0.00   |
|     | Security deposits with public utilities, telephone companies, landlords, and others.  | ×    |   |                                       |  |
|     | Household goods and furnishings, include audio, video, and computer equipment.  |      | FURNITURE AND HOME APPLIANCES             |                                       | 2,500.00   |
| 5.  | Books, pictures and other art objects,<br>antiques, stamp, coin, record, tape,<br>compact disc, and other collections or<br>collectibles.   |      | MEDICAL BOOKS AND MISC. MEDICAL EQUIPMENT |                                       | 700.00   |
| 6.  | Wearing apparel.  | X    |   |                                       |  |
| 7.  | Furs and jewelry.   |      | JEWELRY                                   |                                       | 1,350.00   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X    |   |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X    |   |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | X    |   |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X    |   |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | ×    |   |                                       |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X    |   |                                       |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | ×    |   |                                       |  |
|     |   |      |   | _                                     |  |

Case No. <u>08-06555 BKT</u>

Debtor(s)

(lf known)

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY  | HUSHAND, WHE, JOINT, OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|---|-----------------------------------|--|
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |   |                                   |  |
| 16. | Accounts receivable.  | Х                |   |                                   |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |   |                                   |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |   |                                   |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |   |                                   |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |   |                                   |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |                                   |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |                                   |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |                                   |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |                                   |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 1988 BMW PROPERTY OF DEBTOR AND ESTATE OF JOSE DELGADO VALUE OF PROPERTY \$4,000.00 DEBTOR'S PARTICIPATION \$2,000.00 |                                   | 2,000.00   |
|     |   |                  | FORD EXPLORER 2004  |                                   | 6,750.00   |
| 26. | Boats, motors, and accessories.   | X                |   |                                   |  |
|     | Aircraft and accessories.   | X                |   | 1                                 |  |
|     | Office equipment, furnishings, and supplies.  | X                |   |                                   |  |
|     | Machinery, fixtures, equipment, and supplies used in business.  | X                |   |                                   |  |
| 30. | Inventory.  | X                |   |                                   |  |

Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |  | Т       | <u> </u>                             |                                       |  |
|-----|--|---------|--------------------------------------|---------------------------------------|--|
|     | TYPE OF PROPERTY   | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|     | Animals.   | X       |                                      |                                       |  |
| 32. | Crops - growing or harvested. Give particulars.                  | Х       |                                      |                                       |  |
| 33. | Farming equipment and implements.                                | Х       |                                      |                                       |  |
| 34. | Farm supplies, chemicals, and feed.                              | Х       |                                      |                                       |  |
| 35. | Other personal property of any kind not already listed. Itemize. | X       |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         |                                      |                                       |  |
|     |  |         | тот                                  | AL.                                   | 13,300.00  |

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(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

| IN | RF.   | LOR | ENZO | PUFSAN.  | CRISTINA | F. |
|----|-------|-----|------|----------|----------|----|
|    | 13.17 |     |      | I OLOMIA |          | _  |

| Case  | Nο   | 08-0 | 6555 | BKT    |
|-------|------|------|------|--------|
| 1.450 | INU. | 00-0 |      | D1 \ 1 |

(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor elects   | the exemptions | to which debtor | is entitled | under: |
|-----------------|----------------|-----------------|-------------|--------|
| (Check one box) | -              |                 |             |        |

Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY  | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--------------------------------------|----------------------------|--|
| PARQUE INTERAMERICANA CALLE 1 NO.  | 11 USC § 522(d)(1)                   | 20,200.00                  | 150,000.00   |
| I2 GUAYAMA, PR 00784 I,300 SQ. METERS 4 ROOMS/2 1/2 BATHROOMS DEBTOR HOLDS 50% PARTICIPATION DVER PROPERTY DTHER 50% BELONGS TO ESTATE OF JOSE DELGADO ORTIZ FOTAL VALUE OF PROPERTY: \$300,000.00   | -                                    |                            |  |
| MEDICAL OFFICE 13.38 SQ. METERS ASHFORD MEDICAL PLAZA SUITE 201 AVE. ASHFORD 128, GUAYAMA, PR PROPERTY BELONGS 50% TO DEBTOR AND 50% TO ESTATE OF JOSE DELGADO VALUE OF PROPERTY \$130,000.00 MORTGAGE WITH BPPR\$50,000.00 MAINTENANCE DEBT: \$19,000.00 DEBTOR'S PARTICIPATION \$30,000.00 | 11 USC § 522(d)(5)                   | 1,050.00                   | 30,000.0   |
| SCHEDULE B - PERSONAL PROPERTY   |                                      |                            |  |
| FURNITURE AND HOME APPLIANCES  | 11 USC § 522(d)(3)                   | 2,500.00                   | 2,500.0  |
| MEDICAL BOOKS AND MISC. MEDICAL EQUIPMENT  | 111 USC § 522(d)(6)                  | 700.00                     | 700.0  |
| JEWELRY  | 11 USC § 522(d)(4)                   | 1,350.00                   | 1,350.0  |
| 1988 BMW PROPERTY OF DEBTOR AND ESTATE OF JOSE DELGADO VALUE OF PROPERTY \$4,000.00 DEBTOR'S PARTICIPATION \$2,000.00  | 11 USC § 522(d)(2)                   | 2,000.00                   | 2,000.0  |
|  |                                      |                            |  |
|  |                                      |                            |  |
|  |                                      |                            |  |
|  |                                      |                            |  |

Schedules )

Summary of Certain Liabilities and Related

Debtor(s)

If known)

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. It a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

|   | _        | _                                     |  | _          | _            | _        |   |   |
|---|----------|---------------------------------------|--|------------|--------------|----------|---|---|
| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY                  |
| ACCOUNT NO. OFIC. 201   | 1        | <del> </del>                          | MAINTENANCE DUES OVER PROPERTY   | T          | T            |          | 18,000.00   |   |
| ASOC. DUEÑOS DE OFICINA ASHFORD<br>MEDICAL PLAZA<br>CALLE ASHFORD 128 SUR<br>GUAYAMA, PR 00784            |          |                                       | AT ASHFORD MEDICAL PLAZA   |            |              |          |   |   |
|   | ╀        | ┞                                     | VALUE \$ 30,000.00   | ╀          | L            | L        |   | ļ   |
| ACCOUNT NO.   | 4        |                                       | Assignee or other notification for: ASOC. DUEÑOS DE OFICINA ASHFORD                                  | ŀ          | ı            |          |   |   |
| NILDA L. DELGADO LUGO, ESQ.<br>AVE. F.D. ROSEVELT #134 SUITE 1-B<br>HATO REY, PR 00917                    |          |                                       | ASOC. DUENOS DE OFICINA ASPIFORD   |            |              |          |   |   |
|   |          |                                       | VALUE \$   |            |              |          |   |   |
| ACCOUNT NO.   | Γ        |                                       | Assignee or other notification for:  | Γ          |              |          |   |   |
| NORMA E. DAVILA COLON, ESQ.<br>PO BOX 2158<br>GUAYAMA, PR 00785   |          | !                                     | ASOC. DUEÑOS DE OFICINA ASHFORD  |            |              |          |   |   |
|   |          |                                       | VALUE \$   | 1          |              |          |   |   |
| ACCOUNT NO. GAC 2004-00554  | T        | $\vdash$                              | MAINTENANCE DUES ASOC. DE  | t          | İ            | T        | 15,562.98   | 15,562.98                                     |
| ASOC. DE RESIDENTES DE PARQUE<br>INTERAMERICANA<br>APARTADO 358<br>PATILLAS, PR 00723                     |          |                                       | RESIDENTES DE PARQUE<br>INTERAMERICANA   |            |              |          |   |   |
|   |          |                                       | VALUE \$ 150,000.00  |            |              | _        |   |   |
| 2 continuation sheets attached  |          |                                       | (Total of the  |            | otot<br>pag  |          | s 33,562.98   | s 15,562.98                                   |
|   |          |                                       | (Use only on la  |            | Tot          |          | \$  | \$  |
|   |          |                                       |  | •          |              | ,        | (Report also on<br>Summary of                                     | (If applicable, report<br>also on Statistical |

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| Case No. <b>08-06555 BKT</b> | _   |     |             |    |
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(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

|   |          |                                       | (Continuation Sheet)   |            |              |          |   |                              |
|---|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  |            | T            | Ì        |   | -                            |
| LCDO. IVAN LUIS TORRES RODRIGUEZ<br>APARTADO 358<br>PATILLAS, PR 00723                              |          |                                       | ASOC. DE RESIDENTES DE PARQUE  |            |              |          |   |                              |
| 7404004040000   |          |                                       | VALUE S  | +          | Ļ            | L        | 000 044 47  | 50.044.45                    |
| ACCOUNT NO. 71010013490332  |          |                                       | MORTGAGE OVER PRINCIPAL RESIDENCE  |            |              |          | 209,644.17  | 59,644.17                    |
| BANCO POPULAR DE PR<br>PO BOX 362708<br>SAN JUAN, PR 00936  |          |                                       | PREPETITION ARREARS: \$20,779.00   |            |              |          |   |                              |
|   |          |                                       | VALUE \$ 150,000.00  |            |              |          |   |                              |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  |            |              |          |   |                              |
| MARIA M. DEL VALLE AMSTRONG, ESQ.<br>PO BOX 331429<br>PONCE, PR 00733-1429                          |          |                                       | BANCO POPULAR DE PR  |            |              |          |   |                              |
|   |          |                                       | VALUE\$  |            |              |          |   |                              |
| ACCOUNT NO. 10190021229289001   |          |                                       | MORTGAGE OVER PROPERTY AT  |            |              |          | 41,800.43   | 29,800.43                    |
| BANCO POPULAR DE PR<br>PO BOX 362708<br>SAN JUAN, PR 00936-2708                                     |          |                                       | ASHFORD MEDICAL PLAZA PREPETITION ARREARS \$41,800.43  |            |              | !        |   |                              |
|   |          |                                       | VALUE \$ 30,000.00   |            |              |          |   |                              |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  |            | Γ            |          |   |                              |
| LUIS A. TRINIDAD RODRIGUEZ<br>PO BOX 195487<br>SAN JUAN, PR 00919-5487                              |          |                                       | BANCO POPULAR DE PR  |            |              |          |   |                              |
|   |          |                                       | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO. 442-013-556-12-000  |          |                                       | PROPERTY TAXES OVER DEBTOR'S   |            | T            |          | 247.88  | 247.88                       |
| CRIM<br>PO BOX 195387<br>SAN JUAN, PR 00919-5387  |          |                                       | PRINCIPAL  |            |              |          |   |                              |
|   |          |                                       | VALUE \$ 150,000.00  |            |              |          |   |                              |
| Sheet no. 1 of 2 continuation sheets attache Schedule of Creditors Holding Secured Claims           | ed 1     | to                                    | (Total of  |            |              | e)       | \$ 251,692.48   | \$ 89,692.48                 |
|   |          |                                       | (Use only on   | last       | To:          |          | \$  | \$                           |
|   |          |                                       | (230 011) 01   |            |              |          | (Report also on   | (If applicable, report       |

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

|   |          |                                       | (Continuation Sheet)   |            |              |          |   |                              |
|---|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions Above ) | CODERTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
| ACCOUNT NO. 420-075-291-23-001  | Ť        |                                       | PROPERTY TAXES OVER PROPERTY AT  | T          | T            |          | 9,759.61  | <del></del> .                |
| CRIM<br>PO BOX 195387<br>SAN JUAN, PR 00919-5387  |          |                                       | URB. EL DORADO   |            |              |          |   |                              |
|   | ┸        |                                       | VALUE \$ 40,000.00   | L          | L            | L        |   |                              |
| ACCOUNT NO. 40804020112684  MAUNA COOP AVE. CALIMANO 127 MAUNABO, PR 00707                          |          |                                       | TO BE PAID IN FULL THRU PLAN   |            |              |          | 6,783.00  | 33.00                        |
|   |          |                                       | VALUE \$ 6,750.00  | 1          |              |          |   |                              |
| ACCOUNT NO.   |          |                                       | VALUE\$  |            |              |          |   |                              |
| ACCOUNT NO.   |          |                                       | VALUE #  |            |              |          |   |                              |
|   |          |                                       | VALUE \$   | ł          | İ            |          |   |                              |
| ACCOUNT NO.   |          |                                       |  |            | -            |          |   |                              |
|   |          |                                       | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO.   |          |                                       |  |            |              |          |   |                              |
|   |          |                                       | VALUE \$   |            |              |          |   |                              |
| Sheet no. 2 of 2 continuation sheets attac<br>Schedule of Creditors Holding Secured Claims          | hed      | to                                    | (Total of the  | nis        |              | e)       | s 16,542.61   | s 33.00                      |
|   |          |                                       | (Use only on la  | ast        | To:<br>pag   | al<br>e) | \$ 301,798.07   | \$ 105,288.46                |

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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1 continuation sheets attached

Case No. 08-06555 BKT

Debtor(s)

(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. ₱ 1993-2008 EZ-Filing, Inc. [1-800-998-2424] - Forms Software

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■ 1993-2008 EZ-Filing

■ 1993 Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). **▼** Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). \* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case No. <u>08-06555 BKT</u>

Debtor(s)

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

#### Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER<br>(See Instructions above.)              | CODEBTOR     | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM                                       | CONTINGENT | UNLIQUIDATED | CHIDISIC   |              | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY,<br>IF ANY |
|---|--------------|---------------------------------------|--|------------|--------------|------------|--------------|-----------------------|--------------------------------------|--|
| ACCOUNT NO. XXX-XX-7800   | 1            | i                                     | TAXES 2000 & 2004  |            |              | t          |              |                       |                                      |  |
| DEPARTAMENTO DE HACIENDA<br>PO BOX 9022501<br>SAN JUAN, PR 00901-2501   |              |                                       |  |            |              |            |              | 4 420 54              | 4 660 52                             | 2.470.04   |
| ACCOUNT NO. XXX-XX-7800   | ╁            | $\vdash$                              | TAXES 2007   | ╁          | ┝            | t          | <del> </del> | 4,139.54              | 1,669.53                             | 2,470.01   |
| INTERNAL REVENUE SERVICE MERCANTIL PLAZA BLDG. ROOM 94 2 PONCE DE LEON AVE. PDA. 27 1/2 SANTURCE, PR 00918          |              |                                       |  |            |              |            |              |                       |                                      |  |
| ACCOUNT NO. 66-0554933  | $\downarrow$ | _                                     | 941 PR TAXES UP TO 2004  | +          | ╀            | ╀          | -            | 345.00                | 300.00                               | 45.00  |
| INTERNAL REVENUE SERVICE<br>MERCANTIL PLAZA BLDG. ROOM 94<br>2 PONCE DE LEON AVE. PDA. 27 1/2<br>SANTURCE, PR 00918 |              |                                       |  |            |              |            |              | unknown               |                                      |  |
| ACCOUNT NO.   |              |                                       |  |            |              |            |              |                       |                                      |  |
| ACCOUNT NO.   | -            |                                       |  |            |              |            |              |                       |                                      |  |
| ACCOUNT NO.   |              |                                       |  |            | <br> -<br>   |            |              |                       |                                      |  |
| Sheet no1 of1 continuation sheet Schedule of Creditors Holding Unsecured Priority                                   | s ati        | tached<br>aims                        | to (Totals of t  | Sui<br>his | btot         | tal        | s            | 4,484.54              | s 1,969.53                           | ş 2,515.01   |
| (Use only on last page of the com   | plet         | ed Scl                                | nedule E. Report also on the Summary of Sc   | hed        | Tot<br>ules  | tal<br>s.) | \$           | 4,484.54              |                                      |  |
|   |              |                                       | last page of the completed Schedule E. If apart all Summary of Certain Liabilities and Relat | plic       |              | le,        |              |                       | s 1,969.53                           | s 2,515.01   |

| IN I | ₹Ε. | LORENZO | PUESAN. | CRISTINA | Ε |
|------|-----|---------|---------|----------|---|
|------|-----|---------|---------|----------|---|

\_\_\_\_\_ Case No. <u>08-06555 BKT</u>

Debtor(s)

(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

|   |          |                                       |  |            |              | _        |                       |  |  |
|---|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|--|--|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)   | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |  |  |
| ACCOUNT NO. GAC2007-0038(302)   | T        |                                       | LIQUIDATION OF HEREDITARY ESTATE OF  | П          | ٦            |          | -                     |  |  |
| ASENNETTE DELGADO RUIZ<br>132 AVE. F.D. ROOSEVELT SUITE 1-B<br>HATO REY, PR 00917   |          |                                       | DECEASED HUSBAND<br>JOSE DELGADO   |            |              |          | unknown               |  |  |
| ACCOUNT NO.   | ╁        |                                       | Assignee or other notification for:  | H          |              |          |                       |  |  |
| LCDA. NILDA L. DELGADO LUGO<br>132 AVE. F.D. ROOSEVELT SUITE 1-B<br>HATO REY, PR 00917  |          |                                       | ASENNETTE DELGADO RUIZ   |            |              |          |                       |  |  |
| ACCOUNT NO. 055-0342108-003-1   | T        | $\vdash$                              | UTILITY  | H          | П            |          |                       |  |  |
| AUTORIDAD DE ENERGIA ELECTRICA DE PR<br>PO BOX 363508<br>SAN JUAN, PR 00936-3508  |          |                                       |  |            |              |          | 1,307.51              |  |  |
| ACCOUNT NO. 71010013490332  | $\vdash$ | $\vdash$                              |  | H          |              | Н        | 1,551161              |  |  |
| BANCO POPULAR DE PR<br>PO BOX 362708<br>SAN JUAN, PR 00936  |          |                                       |  |            |              |          |                       |  |  |
|   |          |                                       |  | $  \  $    |              |          | 189,644.00            |  |  |
| 6 and a day have a last   |          |                                       |  | Sub        |              |          |                       |  |  |
| 6 continuation sheets attached  |          |                                       | (Total of th   |            | -            |          | \$ 190,951.51         |  |  |
| Total  (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) |          |                                       |  |            |              |          |                       |  |  |

Case No. <u>08-06555 BKT</u>

Debtor(s)

(If known)

|   |          |                                       | <u></u>   |                |                                     |          |                       |   |         |
|---|----------|---------------------------------------|---|----------------|-------------------------------------|----------|-----------------------|---|---------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER<br>(See Instructions Above ) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED                        | DISPUTED | AMOUNT<br>OF<br>CLAIM |   |         |
| ACCOUNT NO. GDP1998-0155  | H        |                                       | TORT CLAIM AGAINST ESTATE OF JOSE   | Н              |                                     | x        |                       |   |         |
| BRENDA DE LEON SANTIAGO 239 ARTERIAL HOSTOS SUITE 404 SAN JUAN, PR 00918-1475                           |          |                                       | DELGADO ORTIZ   |                |                                     | ^        | unknown               |   |         |
| ACCOUNT NO.   | t        |                                       | Assignee or other notification for:   | Н              |                                     | H        |                       |   |         |
| LUIS R. MELLADO GONZALEZ, ESQ.<br>239 ARTERIAL HOSTO SUITE 404<br>SAN JUAN, PR 00918-1475               |          |                                       | BRENDA DE LEON SANTIAGO   |                |                                     |          |                       |   |         |
| ACCOUNT NO.   | ╁        | -                                     | Assignee or other notification for:   | Н              |                                     | Н        |                       |   |         |
| SIMED<br>PO BOX 9023875<br>SAN JUAN, PR 00902-3875  |          |                                       | BRENDA DE LEON SANTIAGO   |                |                                     |          |                       |   |         |
| ACCOUNT NO. GAC2007-0038(902)   |          |                                       | JUDICIAL CLAIM FOR DIVISION OF HEREDITARY   | $\vdash$       |                                     | H        |                       |   |         |
| CATHERINE DELGADO RUIZ<br>132 AVE F.D. ROOSEVELT SUITE 1-B<br>HATO REY, PR 00917                        |          |                                       | ESTATE OF JOSE DELGADO ORTIZ  |                |                                     |          |                       |   |         |
| ACCOUNT NO.   | H        | $\vdash$                              | $\vdash$  |                | Assignee or other notification for: | H        |                       | H | unknown |
| LCDA. NILDA L. DELGADO LUGO<br>132 AVE. F.D. ROOSEVELT SUITE 1-B<br>HATO REY, PR 00917                  |          |                                       | CATHERINE DELGADO RUIZ  |                |                                     |          |                       |   |         |
| ACCOUNT NO. 10812175-001  | H        |                                       | CELL PHONE  | Н              | -                                   | Н        |                       |   |         |
| CENTENNIAL<br>PO BOX 71514<br>SAN JUAN, PR 00936-8614   |          |                                       |   |                |                                     |          | 2,713.00              |   |         |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   | H              |                                     | H        | 2,7 70.00             |   |         |
| NCO /NCO PORTFOLIO MANA<br>PO BOX 15391<br>WILMINGTON, DE 19850   |          |                                       | CENTENNIAL  |                |                                     |          |                       |   |         |
| Sheet no1 of6 continuation sheets attached to   |          | !                                     |   | L<br>Sub       | L                                   |          |                       |   |         |
| Schedule of Creditors Holding Unsecured Nonpriority Claims  |          |                                       | (Total of the   | nis p          |                                     | :)       | \$ 2,713.00           |   |         |
|   |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | o o                                 | n<br>al  | s                     |   |         |

| Case | Nο | 08-06555 BK | Т |
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|      |    |             |   |

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          |                                       | Continuation Sneet)   |            | _            |          |    |                       |
|---|----------|---------------------------------------|---|------------|--------------|----------|----|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER<br>(See Instructions Above.)             | соренток | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE              | CONTINGENT | UNLIQUIDATED | DISPUTED |    | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 9593404828910   | Г        |                                       | CREDIT CARD PURCHASES   | Ť          | T            | T        | 1  |                       |
| CITI CARDS<br>PO BOX 45129<br>JACKSONVILLE, FL 32232  | :        |                                       |   |            |              |          |    | 100.00                |
| ACCOUNT NO. 690020301   | Г        |                                       | CELL PHONE  | +          | T            | T        | 1  |                       |
| CLARO<br>PO BOX 70366<br>SAN JUAN, PR 00936-8366  |          | l                                     |   | ;          |              |          |    | 987.88                |
| ACCOUNT NO. 3068610000  | ⊢        | $\vdash$                              | LABOR CLAIM AGAINST LD MEDICAL  | +          | ╁            | +        | ╫  | 307.00                |
| DEPARTAMENTO TRAB. Y RECURSOS HUMANOS<br>NEGTOCIADO DE SEGURODAD DE EMPLEO<br>PO BOX 2411<br>GUAYAMA, PR 00785-2411 |          |                                       | ENTERPRISES INC. BY ROSARIO LANTIGUA ALVAREZ  | i          |              |          |    | 2,307.20              |
| ACCOUNT NO. GCD1998-0353(307)   | ┢        | <del> </del>                          | COLLECTION OF MONIES  | +          | t            | t        | +  | 2,007.20              |
| HUMAN HEALTH PLANS OF PR, INC.<br>PO BOX 192059<br>SAN JUAN, PR 00919-2059  |          |                                       |   |            |              |          |    | C E 4 7 00            |
| ACCOUNTING  | ├        | ├                                     | Assignee or other notification for:   | +          | ╁            | +        | ╁  | 6,547.00              |
| ACCOUNT NO.  JESUS M. ROSARIO FELIX PO BOX 1564 JUANA DIAZ, PR 00795-1564   |          |                                       | HUMAN HEALTH PLANS OF PR, INC.  |            |              | Ī        |    |                       |
| ACCOUNT NO.   | ⊢        |                                       | Assignee or other notification for:   | +          | ╀            | +        | +  |                       |
| RAFAEL A. OJEDA DIEZ, ESQ.<br>PO BOX 9023392<br>SAN JUAN, PR 00902-3392   | •        |                                       | HUMAN HEALTH PLANS OF PR, INC.  |            |              |          |    |                       |
| ACCOUNT NO.   | $\vdash$ | -                                     | SERVICES RENDERED   | +          | +            | +        | +  |                       |
| INGLES SIN BARRERAS<br>640 SAN VICENTE BLVD<br>LOS ANGELES, CA 90048-4618   |          |                                       |   |            |              |          |    | 1,400.00              |
| Sheet no. 2 of 6 continuation sheets attached to  |          |                                       | 77.1.0  | Sui        |              |          |    |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims  |          |                                       | (Total of   |            | pag<br>Tot   |          | \$ | 11,342.08             |
|   |          |                                       | (Use only on last page of the completed Schedule F. Rept<br>the Summary of Schedules, and if applicable, on the | ort al     | so (         | on       |    | ,                     |

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(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

| Caca | No   | 08-06555 BI | ΚT       |
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| Case | INO. | 00-00000 DI | $\sim$ 1 |

(If known)

|   |           |                                       | Continuation Sneet)   |                      |                    |           |                       |
|---|-----------|---------------------------------------|---|----------------------|--------------------|-----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEISTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT           | UNLIQUIDATED       | DISPUTED  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 6008891850237056  | ╁         |                                       | CREDIT CARD PURCHASE  | H                    | +                  | $\dashv$  |                       |
| JC PENNEY PO BOX 364788 SAN JUAN, PR 00936-4788   |           |                                       | CREDIT GARDY GROTIAGE   |                      |                    |           | 991.00                |
| ACCOUNT NO.   | ┢         |                                       | Assignee or other notification for:   | ┪                    | T                  | $\forall$ |                       |
| GE MONEY BANK ATTN: BANKRUPTCY DEPARTMENT PO BOX 103104 ROSWELL, GA 30076                         |           | l.                                    | JC PENNEY   |                      |                    |           |                       |
| ACCOUNT NO. GDC1998-0155  | t         |                                       | TORT CLAIM AGAINST ESTATE OF JOSE   | H                    |                    | T         |                       |
| JOSE A. RODRIGUEZ FIGUEROA<br>239 ARTERIAL HOSTOS SUITE 404<br>SAN JUAN, PR 00918-1475            |           |                                       | DELGADO ORTIZ   |                      |                    |           | ยกknown               |
| ACCOUNT NO. 5049941170488172  | t         | $\vdash$                              | CREDIT CARD PURCHASES   | Н                    |                    | H         |                       |
| LEADING EDGE RECOVERY SOLUTIONS, INC.<br>5440 CUMBERLAND AVE. SUITE 300<br>CHICAGO, IL 60656-1490 |           |                                       |   |                      |                    |           |                       |
| ACCOUNT NO. GAC2007-0038(302)   | -         |                                       | JUDICIAL ACTION FOR DIVISION OF   | Н                    |                    | Н         | 7,414.93              |
| MADELINE DELGADO RUIZ<br>132 AVE. F.D. ROOSEVELT SUITE 1-B<br>HATO REY, PR 00917                  |           |                                       | HEREDITARY ESTATE OF JOSE DELGADO ORTIZ   |                      |                    |           |                       |
| ACCOUNT NO.   | +-        |                                       | Assignee or other notification for:   | Н                    | _                  | H         | unknown               |
| LCDA. NILDA L. DELGADO LUGO<br>132 AVE. F.D. ROOSEVELT SUITE 1-B<br>HATO REY, PR 00917            |           |                                       | MADELINE DELGADO RUIZ   |                      |                    |           |                       |
| ACCOUNT NO. 40804020112684  | ╁         | -                                     | CREDIT CAR  | Н                    | -                  | Н         |                       |
| MAUNA COOP<br>AVE. CALIMANO 127<br>MANUABO, PR 00707  |           |                                       |   |                      |                    |           | 14,783.00             |
| Sheet no. 3 of 6 continuation sheets attached to  |           |                                       |   | Sub                  |                    |           |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims  |           |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | T<br>t also<br>tatis | otz<br>o o<br>tica | al<br>n   | s 23,188.93<br>s      |

Case No. <u>08-06555 BKT</u>

Debtor(s)

(If known)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)          | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT      | UNLIQUIDATED | DISPUTED  |    | AMOUNT<br>OF<br>CLAIM                   |
|---|----------|---------------------------------------|---|-----------------|--------------|-----------|----|---|
| ACCOUNT NO. 5549  | H        |                                       | PERSONAL LOAN   | $\dagger$       | t            | t         |    |   |
| MEDICOOP<br>PO BOX 194450<br>SAN JUAN, PR 00919-4450  |          |                                       |   |                 |              |           |    | 3,666.00                                |
| ACCOUNT NO.   | ┢        | 1                                     | PATENTES  | +               | H            | t         |    | 0,000.00                                |
| MUNICIPIO DE GUAYAMA<br>APARTADO 360<br>GUAYAMA, PR 00785   | 1        |                                       |   |                 |              |           |    |   |
|   | ╀        | _                                     | TELEBUONE SERVICE   | +               | -            | ╀         | -  | 500.00                                  |
| ACCOUNT NO. 8646147782 PR TELEPHONE COMPANY PO BOX 70239 SAN JUAN, PR 00936-0239                            |          |                                       | TELEPHONE SERVICE   |                 |              |           |    |   |
|   | ╀        |                                       | ODERUT GARD BURGUAGES   | -               | ╀            | ╀         | -  | 298.00                                  |
| ACCOUNT NO. 9593404828910  SEARS PO BOX 6282 SIOUX FALLS, SD 57117-6282                                     |          |                                       | CREDIT CARD PURCHASES   |                 |              |           |    | 8,072.00                                |
| ACCOUNT NO.   | T        |                                       | Assignee or other notification for:   |                 | t            | $\dagger$ | 1  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| CITI CARDS<br>PO BOX 45129<br>JACKSONVILLE, FL 32232  |          |                                       | SEARS   |                 |              |           |    |   |
| ACCOUNT NO.   | ╀        | $\vdash$                              | Assignee or other notification for:   | +               | +            | +         |    |   |
| LEADING EDGE RECOVERY SOLUTIONS, LLC<br>5440 N. CUMBERLAND AVE. STE 300<br>CHICAGO, IL 60656-1490           |          |                                       | SEARS   |                 |              |           |    |   |
| ACCOUNT NO.   |          | -                                     | Assignee or other notification for:   | +               | ╁            | +         | -  |   |
| LVNV FUNDING LLC PO BOX 10497 GREENVILLE, SC 29603-0584   |          |                                       | SEARS   |                 |              |           |    |   |
| Sheet no. 4 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          | 1                                     | (Total of   | this            |              | ge)       | \$ | 12,536.00                               |
|   |          |                                       | (Use only on last page of the completed Schedule F. Rep<br>the Summary of Schedules, and if applicable, on the<br>Summary of Certain Liabilities and Rela | ort al<br>Stati | stic         | on<br>cal | s  |   |

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|      | INU. | 00-00333 DIVI |  |

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|   |          |                                       | <u> </u>   |                        |              |                      |   |
|---|----------|---------------------------------------|--|------------------------|--------------|----------------------|---|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER<br>(See Instructions Above.) | CODENTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT             | UNLIQUIDATED | DISPUTED             | AMOUNT<br>OF<br>CLAIM                   |
| ACCOUNT NO. 5049941170488172  | Т        |                                       | CREDIT CARD PURCHASES JOSE DELGADO   | †                      | T            | T                    |   |
| SEARS CARD<br>PO BOX 183114<br>COLUMBUS, OH 43218-3114  |          |                                       |  |                        |              |                      | 7,366.87                                |
| ACCOUNT NO.   | H        |                                       | Assignee or other notification for:  | -                      | t            | H                    | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| LEADING EDGE RECOVERY SOLUTIONS, LLC<br>5440 N. CUMBERLAND AVE. STE.300<br>CHICAGO, IL 60656-1490       |          |                                       | SEARS CARD   |                        |              |                      |   |
| 1.000UNEND 772564   | ├        |                                       | CREDIT CARD  | +                      | ┝            | $\vdash$             | <u> </u>                                |
| ACCOUNT NO. 773561 SECURITY CREDIT SERVICES, LLC PO BOX 15630 DEPT. 19 WILMINGTON, DE 19850             | !        |                                       | CREDIT CARD  |                        |              |                      | 991.17                                  |
| ACCOUNT NO.   | T        |                                       | Assignee or other notification for:  | 1                      | T            | T                    |   |
| NCO FINANCIAL SYSTEMS OF PR INC.<br>PO BOX 192478<br>HATO REY, PR 00918                                 |          |                                       | SECURITY CREDIT SERVICES, LLC  |                        |              |                      |   |
| ACCOUNT NO. 444976145   | ┝        | -                                     | CELL PHONE   | +                      | ╁            | ┢                    | _                                       |
| SPRINT<br>PO BOX 569670<br>DALLAS, TX 75356-9670  |          |                                       |  |                        |              |                      | 004.04                                  |
| ACCOUNT NO.   | ┝        | -                                     | Assignee or other notification for:  | +                      | H            | $\vdash$             | 931.31                                  |
| SPRINT<br>PO BOX 650338<br>DALLAS, TX 75266-0338  |          |                                       | SPRINT   |                        |              |                      |   |
| ACCOUNT NO. DELGADO   | H        |                                       | SUPPLIER DEBT INCURRED YEAR 2000   | $\dashv$               | ╁            | H                    |   |
| TAMAYO HNOS. INC.<br>BOX 1660<br>MAYAGUEZ, PR 00681   |          |                                       |  |                        |              |                      | <b></b>                                 |
| Sheet no. 5 of 6 continuation sheets attached to  | L        | <u> </u>                              |  | g1                     | 7.c.         | 21                   | 5,766.25                                |
| Schedule of Creditors Holding Unsecured Nonpriority Claims  |          |                                       | (Total of<br>(Use only on last page of the completed Schedule F. Rep<br>the Summary of Schedules, and if applicable, on the<br>Summary of Certain Liabilities and Rela | this port als<br>Stati | Tot<br>so c  | e)<br>al<br>on<br>al | s 15,055.60<br>s                        |

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |              | (,                                   | continuation Sheet)   |                 |              |          |                       |
|---|--------------|--------------------------------------|---|-----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)           | CODEBTOR     | HUSBAND, WHE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT      | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 6900007166  | T            |                                      | CELL PHONE  | T               | T            | Γ        |                       |
| VERIZON WIRELESS PO BOX 70367 SAN JUAN, PR 00936-8367   |              |                                      |   |                 |              |          | 99.00                 |
| ACCOUNT NO. 690020301   | T            | 1                                    | CELL PHONE  | 十               | T            | T        |                       |
| VERIZON WIRELESS PO BOX 70367 SAN JUAN, PR 00936-8367   |              |                                      |   |                 |              |          | 1,183.00              |
|   | ╄            | ├                                    | A salaman an akhan makifi saki an fami  | ╬               | ╁            | ╁        | 1,183.00              |
| ACCOUNT NO.  CLARO PO BOX 70366 SAN JUAN, PR 00936-8366   |              |                                      | Assignee or other notification for:<br>VERIZON WIRELESS   |                 |              |          |                       |
| ACCOUNT NO. 6900121267  | t            |                                      | CELL PHONE  | $\dagger$       | t            | t        |                       |
| VERIZON WIRELESS<br>PO BOX 70367<br>SAN JUAN, PR 00936-8367   |              |                                      |   |                 |              |          |                       |
| ACCOUNT NO. 692972599   | +            | 1                                    | CELL PHONE  | +               | ╀            | ╁        | 661.00                |
| VERIZON WIRELESS PO BOX 70367 SAN JUAN, PR 00936-8367   |              | ·                                    |   |                 |              |          | 4454.00               |
| ACCOUNT NO. 4301150146872558  | ╁            | ╁                                    | PERSONAL LOAN   | +               | ╀            | ╀        | 1,151.00              |
| WELLS FARGO FINANCIAL<br>604 LOCUST ST<br>DES MOINES, IA 50309  |              |                                      | C ENSONAL LOAN  |                 |              |          |                       |
|   | $\downarrow$ | _                                    |   | 1               | $\downarrow$ | L        | 5,081.00              |
| ACCOUNT NO.   |              |                                      |   |                 |              |          |                       |
| Sheet no. 6 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | •            |                                      | (Total of   | this            |              | ;e)      | s 8,175.00            |
|   |              |                                      | (Use only on last page of the completed Schedule F. Rep<br>the Summary of Schedules, and if applicable, on the<br>Summary of Certain Liabilities and Rela | ort al<br>Stati | istic        | on<br>al | \$ 263,962.12         |

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| IN I | RE | <b>LORENZO</b> | PUESAN. | <b>CRISTINA</b> | F |
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|------|----|----------------|---------|-----------------|---|

Debtor(s)

(If known)

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☑ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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IN RE LORENZO PUESAN, CRISTINA E.

Case No. 08-06555 BKT

Debtor(s)

(If known)

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

|   | NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|---|------------------------------|------------------------------|
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(If known)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status   | DE   | PENDENTS OF DEBTOR AND       | SPOUSE                       |                                  |
|---|--|------------------------------|------------------------------|----------------------------------|
| Single  | RELATIONSHIP(S):<br>Son                      |                              |                              | AGE(S):<br>19                    |
|   |  |                              |                              |                                  |
| EMPLOYMENT:   | DEBTOR                                       |                              | SPOUSE                       | <u> </u>                         |
| How long employed 1 YEA   | ANDO ORTIZ FRANCO                            |                              |                              |                                  |
| 1. Current monthly gross w  | verage or projected monthly income at time   |                              |                              | <u> </u>                         |
| 2. Estimated monthly overt  | time   |                              | \$                           | _ \$                             |
| 3. SUBTOTAL   | LCTIONS                                      |                              | \$ 4,000.00                  | <u> </u>                         |
| <ol> <li>LESS PAYROLL DEDU<br/>a. Payroll taxes and Social</li> </ol>                                       |  |                              | \$ 280.00                    | 0 \$                             |
| b. Insurance  | a. 300an.iy                                  |                              | \$                           | \$                               |
| c. Union dues   |  |                              |                              | \$                               |
| d. Other (specify)  |  |                              | . §                          | - \$                             |
| 5. SUBTOTAL OF PAYE   | ROLL DEDUCTIONS                              |                              | \$ 280.00                    | _ 3<br>0 \$                      |
| 6. TOTAL NET MONTH  |  |                              |                              | 0 \$                             |
| 7. Regular income from on   | peration of business or profession or farm ( | attach detailed statement)   | S                            | <u> </u>                         |
| 8. Income from real proper  | rty  | anaen detaned statement)     | \$ 350.00                    | \$<br>\$                         |
| 9. Interest and dividends   |  |                              | \$                           | \$                               |
| <ol> <li>Alimony, maintenance<br/>that of dependents listed at</li> <li>Social Security or other</li> </ol> |  | for the debtor's use or      | \$                           |                                  |
|   | government assistance                        |                              | \$                           | \$                               |
|   |  |                              | \$                           | \$                               |
| 12. Pension or retirement in  | ncome  |                              | \$                           | _ \$                             |
| 13. Other monthly income (Specify) INTEGRAND N  | MANAGEMENT SOLUTIONS                         |                              | \$700.00                     | n ¢                              |
| (5)   |  | <del></del>                  | \$                           | <u> </u>                         |
|   |  |                              | \$                           | \$                               |
| 14. SUBTOTAL OF LIN   | ES 7 THROUGH 13                              |                              | \$ 1,050.00                  | 0 \$                             |
|   | LY INCOME (Add amounts shown on lin          | nes 6 and 14)                | S4,770.00                    |                                  |
| 16. COMBINED AVERA  | AGE MONTHLY INCOME: (Combine of              | volumn totals from line 15.  |                              |                                  |
| if there is only one debtor r   | repeat total reported on line 15)            | oranin totals from title 13; | \$                           | 4,770.00                         |
|   |  |                              | (Report also on Summary of S | schedules and, if applicable, on |

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: NONE.

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| Case | No. | 08-06555 | BKT |
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|--|---------------------|-------------|
| SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)  |                     |             |
| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deduct | payments tions from |             |
| The character of 22c.  Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a expenditures labeled "Spouse."   | separate            | schedule of |
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$                  | 1,889.00    |
| a. Are real estate taxes included? Yes No  |                     |             |
| b. Is property insurance included? Yes No  |                     |             |
| Utilities:     a. Electricity and heating fuel   | S                   | 246.00      |
| b. Water and sewer   | \$<br>\$            | 125.00      |
| c. Telephone   |                     | 125.00      |
| d. Other HOMEOWNER'S ASSOC. DUES   | - 💲                 | 100.00      |
| 2. II (consists and unknow)  | - š                 | 80.00       |
| 3. Home maintenance (repairs and upkeep) 4. Food   | \$                  | 300.00      |
| 5. Clothing  | \$                  | 30.00       |
| 6. Laundry and dry cleaning  | <b>\$</b>           | 20.00       |
| 7. Medical and dental expenses   | \$                  | 20.00       |
| 8. Transportation (not including car payments)   | \$                  | 20.00       |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | <u> </u>            | 20.00       |
| 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments)   | J                   | 20.00       |
| a. Homeowner's or renter's   | \$                  |             |
| b. Life  | s                   |             |
| c. Health  | <u>\$</u>           |             |
| d. Auto  | \$                  |             |
| e. Other   | - ç                 |             |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  | — <b>•</b> ——       |             |
| (Specify) 1040PR TAXES   | \$                  | 207.00      |
|  | \$                  |             |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)  |                     |             |
| a. Auto  | _                   |             |
| b. Other   |                     | <del></del> |
| 14. Alimony, maintenance, and support paid to others   | _ §                 |             |
| 15. Payments for support of additional dependents not living at your home  | \$ —                |             |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$                  |             |
| 17. Other MEDICAL MALPRACTICE INSURANCE  | _ §                 | 338.00      |
| COLEGIACIÓN & CONTINUED MEDICAL ED.  | _ §                 | 100.00      |
| COLLEGE EXPENSES FOR MINOR TUITION   | - <sub>2</sub>      | 300.00      |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if  |                     |             |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data.  | S                   | 4,520.00    |
|  | L                   |             |
| 19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of PAYMENT OF CURRENT MORTGAGE PAYMENT AND MAINTENANCE FOR MEDICAL OFFICE AT ASHFOR CENTER SHALL BE PAID DIRECTLY BY THIRD PARTY HEIR ASIA DELGADO LORENZO.                      |                     |             |
| NO OTHER INCREASE OR DECREASE IN EXPENSES IS EXPECTED.   |                     |             |
| 20. STATEMENT OF MONTHLY NET INCOME  |                     |             |
| a. Average monthly income from Line 15 of Schedule I   | \$                  | 4,770.00    |
| b. Average monthly expenses from Line 18 above   | š                   | 4,520.00    |
| c. Monthly net income (a. minus b.)  | s <u> </u>          | 250.00      |

Debtor(s)

(If known)

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ 23 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: November 5, 2008 Signature: /s/ CRISTINA E. LORENZO PUESAN Debtor CRISTINA E. LORENZO PUESAN Date: \_\_\_\_\_ Signature: \_\_\_ (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Date Signature of Bankruptcy Petition Preparer Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a I, the \_\_\_ member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature: (Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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